

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025500

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1798

1. PLACE OF DEATH JUL 2 1962

a. COUNTY ST LOUIS COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST ANN CLAYTON

Length of stay in 1b

10 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST LOUIS COUNTY HOSP

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO ST LOUIS COUNTY

c. CITY OR TOWN ST ANN

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS 10256 St. Richard Lane
BENTWOOD BLVD

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

ROBERT

Last

JOHNSON

4. DATE OF DEATH

Month

6

Day

16

Year

62

5. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12/30/19409. AGE (last birthday)
21IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
TOOL MAKER11. BIRTHPLACE (City and state or country)
CITY ST LOUIS MO. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

ROBERT E. JOHNSON

13b. MOTHER'S MAIDEN NAME

ELIZABETH COOPER

14. NAME OF HUSBAND OR WIFE

BRENDA JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ROBERT E. JOHNSON 10256 ST. RICHARD

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries, shock and hemorrhage

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Lost control of car on curve and struck

20c. TIME OF
INJURY
3:00Hour
a.m.
p.m.Month, Day, Year
6/16/62

a utility pole

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
public road

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis Missouri

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond L. Hahn

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

6/19/62

23. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

R. CALDWELL SONS

FLAT RIVER, MO.

6-16-62

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

14002

24014

3

4 0

5 1

6

7 0

8 2

9 X

10

11400

1245-3

13

2951 E 70P SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Filat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.